

B6F (Official Form 6F) (12/07)

In re **Kevin Clifton**

Case No. **2:15-bk-50607**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Adena 110 Vaughn Ln Chillicothe, OH 45601		-	Medical				100.00
Account No. Berger Health System 1180 N. Court St. Circleville, OH 43113		-	Medical				4,414.00
Account No. Berger Health System 1180 N. Court St. Circleville, OH 43113		-	Medical				85.00
Account No. Berger Health System 1180 N. Court St. Circleville, OH 43113		-	Medical				9,758.03
Subtotal (Total of this page)							14,357.03

7 continuation sheets attached

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Berger Hospital POB 71-4822 Columbus, OH 43271		Medical -					85.28
Account No. Buse Health Systems 600 N. Pickaway St Circleville, OH 43113		Medical -					Unknown
Account No. Capital Accounts POB 14065 Nashville, TN 37214		Medical -					448.00
Account No. Capital Accounts 2120 Crestmoor Rd Suite 3001 Nashville, TN 37215		Collection -					447.78
Account No. Capital Accounts 2120 Crestmoor Rd Suite 3001 Nashville, TN 37215		Collection -					364.33
Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,345.39

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.		-	Collections				5,894.00	
CCS Credit Collection PO Box 9134 Needham Heights, MA 02494								
Account No.		-	2008 Judgment				4,492.00	
Central Ohio Credit Corp 2040 Brice Road Reynoldsburg, OH 43068								
Account No.		-	Collection				3,999.00	
Choice Recovery POB 20790 Columbus, OH 43220								
Account No.		-	Medical				Unknown	
Circleville Emergency Physicians P.O. Box 291805 Dayton, OH 45429								
Account No.		-	Medical				375.00	
Circleville Emergency Physicians P.O. Box 15636 Wilmington, DE 19850								
Sheet no. <u>2</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	14,760.00

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.		-	Collection 2013CI0309				18,638.00	
Credit Adjustments 330 Florence Street Defiance, OH 43512-2512								
Account No.		-	Collection				958.34	
Credit Adjustments Inc. 330 Florence St. Plaza Center Mall Defiance, OH 43512								
Account No.		-	Colelction				971.00	
Federal Bond & Collection 2200 Byberry Rd. Ste. 120 Hatboro, PA 19040								
Account No.		-	Medical				434.70	
Hans P Guter DDS 598 Northridge Rd. Circleville, OH 43113								
Account No.		-	Medical Collection for Premier Womens Health				3,475.00	
Jeffrey Jordan PO Box 30863 Columbus, OH 43230								
Sheet no. <u>3</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	24,477.04

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.			Collection				
Key Bridge 2348 Baton Rouge Lima, OH 45805		-					630.00
Account No.			Collection				
Meade & Associates 737 Enterprise Dr. Westerville, OH 43081		-					78.00
Account No.			Medical				
Midwest Allergy 8080 Ravins Edge Court Columbus, OH 43235		-					60.00
Account No.			Medical				
Midwest Allergy Associates 8080 Ravines Edge Ct. Columbus, OH 43235		-					60.00
Account No.			Cash Advance				
Moneynow/23.com 21218 St. Andrews Blvd. #637 Boca Raton, FL 33433		-					300.00
Sheet no. 4 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,128.00
Subtotal (Total of this page)							

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Collection				
NCO Financial P.O. Box 41457 Philadelphia, PA 19101-1457	-					181.00
Account No.		Collection				
NCO Financial P.O. Box 41457 Philadelphia, PA 19101-1457	-					506.00
Account No.		Collections				
NCO Financial Systems P.O. Box 780048 Wichita, KS 67278	-					Unknown
Account No.		Notice of Bankruptcy Filing BMV Case No. 011576592				
Ohio BMV 1583 Alum Creek Dr. Columbus, OH 43209	-					0.00
Account No.		Medical				
PHS POB 714873 Columbus, OH 43271	-					115.73
Sheet no. 5 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						802.73

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In re **Kevin Clifton**

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice of Filing				
Pickaway County Common Pleas 207 S. Court St. Circleville, OH 43113	-	2013CI0309				0.00
Account No.		Overdraft				
PNC P.O. Box 15397 Wilmington, DE 19886-5397	-					71.48
Account No.		Medical				
Premier Womens Health 610 Blackwater Rd. Chillicothe, OH 45601	-					10.00
Account No.		Collections				
Progressive Management Systems 1521 W. Cameron Ave. P.O. Box 2220 West Covina, CA 91793-9917	-					100.00
Account No.		Medical				
Riverside Radiology & Interventional Po Box 182268 Columbus, OH 43218	-					60.00
Sheet no. 6 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						241.48

In re **Kevin Clifton**

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Auto Deficiency				
Tebo Financial 4801 Dressler Road NW, #194 Canton, OH 44718	-					5,502.30
Account No.		Collections				
Time Warner Cable 1015 Olentangy River Road Columbus, OH 43212	-					484.37
Account No.		2011 Judgment				
Tommy Clifton 8800 16th Road Amanda, OH 43102	-					5,275.00
Account No.						
Account No.						
Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,261.67
						Total (Report on Summary of Schedules)
						68,373.34

Fill in this information to identify your case:

Debtor 1 Kevin Clifton

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:15-bk-50607
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Code Room Operator

Aleris

25825 Science Park Dr.
Beachwood, OH 44122

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

How long employed there? 1.5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,262.65</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>3,262.65</u>	\$ <u>N/A</u>

Debtor 1 **Kevin Clifton**

Case number (if known) **2:15-bk-50607**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,262.65	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 506.65	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 199.03	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 47.32	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 753.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,509.65	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,509.65	+ \$ N/A = \$ 2,509.65
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 2,509.65	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtor only receives overtime during the summer months.		